01/28/2007 22:18

Image# 27940088110

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

				i iidii Aii	Adtiionz				Office Use	Only	
1.	NAME OF COMMITTEE (in full)			IAILING LAE OR PRINT	-	Example:If typover the lines	ing, type]	
l i	American Podiatric Medi	cal Assn., I	nc. P	odiatry Politic	al Action C	ommittee	1 1 1 1 1	1 1 1	1 1 1 1 1 1	1 1 1	1
Ш		. 00:	10.01-		Dood						
AD	DRESS (number and street)) [93]	12 010	Georgetown	I Коаа 						
Г	Check if different										
	than previously reported. (ACC)	L Bet	thesda	1				MD	208	14 - 169	98
2.	FEC IDENTIFICATION	NUMBER	~		CITY 🛕			STATE	ZI	PCODE A	4
	C00008839				3. IS THIS REPOR		NEW (N) OR		AMENDED (A)		
4.	TYPE OF REPORT (Choose One)	(b) Moi Rep	oort	Feb 20 (N	12)	May 20 (M5)		Aug 20 (M8)	Nov (Nor Year	20 (M11) n-Election r Only)
	(a) Quarterly Reports: April 15 Quarterly Report(Q1) July 15 Quarterly Report(Q2) October 15 Quarterly Report(Q3)		Due	On:	Mar 20 (N	13)	Jun 20 (M6)		Sep 20 (M9)	(Nor	: 20 (M12) n-Election r Only)
					Apr 20 (N	14)	Jul 20 (M7)		Oct 20 (M10)	Jan	31 (YE)
			(c)	12-Day		Primary (12P)	Gen	eral (12G)	Rur	noff (12R)
			PRE-Election			H				- (
				Report for the:		Convention (12C)		Special (12G)			
	January 31 Quarterly Repo	` ′		E	Election on					n the State of	
	July 31 Mid-Ye Report(Non-ele Year Only) (MY	ection Y)	(d)	30-Day Post -Elect Report for the		General (30G)	Run	off (30R)	Spe	ecial (30S)
	Termination Report (TER)		Election on				•			the state of	
5.	Covering Period	11	28	200	6	throug	h 12	31	2006		
l ce	ertify that I have examined t	this Report	and to	the best of n	ny knowledo	ge and belief i	t is true, correc	t and comp	lete.		
Тур	oe or Print Name of Treasu	ırer <u>D</u>	r. Ger	ald Peterson,	DPM						
Sig	nature of Treasurer Ele	ectronically I	Filed b	oy Dr. Gera	ald Petersor	ı, DPM		Date	01 28	200) 7
NO	TE : Submission of false,	erroneous,	or inc	omplete infor	mation may	subject the p	erson signing th	his Report t	o the penalties of	2 U.S.C 4	37g.
	Office Use									FORM 3: 02/2003)	X

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) OF RECEIPTS AND DISBURSEMENTS
Page 2

Report Covering the Period: From:	28 2006	To: 12 31 2006
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
(a) Cash on Hand January 1 Y2006		279280.76
(b) Cash on Hand at Begining of Reporting Period	234194.62	
(c) Total Receipts (from Line 19)	24031.21	384879.83
(d) Subtotal (add lines 6(b) and		
6(c) for Column A and Lines 6(a) and 6(c) for Column B)	258225.83	664160.59
Total Disbursements (from Line 31)	8210.02	414144.78
Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	250015.81	250015.81
Debts and Obligations owed TO		
the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
Debts and Obligations owed BY		
the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
X This Committee has qualified as a multicandidate	e committee. (see FEC FORM 1M)	

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003) Page 3

Write or Type Committee Name

American Podiatric Medical Assn., Inc. Podiatry Political Action Committee

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11.	Contributions (other than loans) From: (a) Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	9775.00	205074.73
	(ii) Unitemized	12334.00	157272.36
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	22109.00	362347.09
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	22109.00	362347.09
2.	Transfers From Affiliated/Other Party Committees	0.00	0.00
3.	All Loans Received	0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
6	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00
Ο.	to Federal candidates and Other Political Committees	0.00	2000.00
7.	Other Federal Receipts (Dividends, Interest, etc.)	1922.21	20532.74
18.	Transfers from Non-Federal and Levin Funds		
	(a) Non-Federal Account (from Schedule H3)	0.00	0.00
	(b) Levin Funds (from Schedule H5)	0.00	0.00
	(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	24031.21	384879.83
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)	24031.21	384879.83

from Line 31).....

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 4 **COLUMN A COLUMN B II. DISBURSEMENTS Total This Period** Calendar Year-to-Date 21. Operating Expenditures: (a) Shared Federal/Non-Federal Activity (from Schedule H4) 0.00 0.00 (i) Federal Share..... 0.00 0.00 (ii) Non-Federal Share..... (b) Other Federal Operating 2510.02 12095.01 Expenditures..... (c) Total Operating Expenditures 2510.02 12095.01 (add 21(a)(i), (a)(ii) and (b))............ 22. Transfers to Affiliated/Other Party 0.00 0.00 Committees..... 23. Contributions to Federal Candidates/Committees.....and Other Political Committees..... 5500.00 401099.77 24. Independent Expenditure 0.00 0.00 0.00 0.00 0.00 0.00 26. Loan Repayments Made..... 0.00 0.00 27. Loans Made..... 28. Refunds of Contributions To: Individuals/Persons Other 200.00 950.00 Than Political Committees 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 0.00 0.00 (such as PACs) (d) Total Contribution Refunds 200.00 950.00 (add Lines 28(a), (b), and (c)) 0.00 0.00 29. Other Disbursements..... 30. Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity (from Schedule H6) 0.00 0.00 (i) Federal Share 0.00 0.00 (ii) "Levin" Share (b) Federal Election Activity Paid Entirely 0.00 0.00 With Federal Funds (c) Total Federal Election Activity (add 0.00 0.00 Lines 30(a)(i), 30(a)(ii) and 30(b)).... 31. Total Disbursements (add Lines 21(c), 22, 8210.02 414144.78 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. 32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii)

8210.02

414144.78

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	22109.00	362347.09
34. Total Contribution Refunds (from Line 28(d))	200.00	950.00
85. Net Contributions (other than loans) (subtract Line 34 from Line 33)	21909.00	361397.09
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	2510.02	12095.01
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	2510.02	12095.01

S	CHEDULE A (FEC Form 3X)		Llea coparata cabadula(s)	FOR LINE NUMBER: PAGE 6 / 22
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
•	EINIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the i	atements may name and add	not be sold or used by any personal dress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Podiatric Medical Assn., Inc.	Podiatry P	olitical Action Committee	
A.	Full Name (Last, First, Middle Initial) Dr. Donald W. Adams, Jr.			Date of Receipt
	Mailing Address 10 Morgans Way			11 29 2006
	City	State	Zip Code	Transaction ID: 13437464
	Holliston	MA	01746-2249	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Framingham Podiatry Associates	Occupation Podiatric	n Physician	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	-	250.00	1
	Other (specify)		230.00	
В.	Full Name (Last, First, Middle Initial) Dr. Sandra M. Weakland			Date of Receipt
	Mailing Address 16 Lincoln St.			1 1 2 9 2 0 0 6
	City	State	Zip Code	Transaction ID: 13437465
	Arlington	MA	02476-7931	Amount of Each Receipt this Period
	FEC ID number of contributing		02470 7001	
	federal political committee.	C		500.00
	Name of Employer	Occupation	 1	-
	Name of Employer MA Associates in Podiatry		Physician	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		500.00	1
	Other (specify)		300.00	
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Richard E. Genovese			Date of Receipt
	Mailing Address 52 Central St.			M M / D D / Y Y Y Y
				11 29 2006
	City	State	Zip Code	Transaction ID: 13437470
	Gardner	MA	01440-1608	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation Podiatric	n Physician	
	Receipt For:		Year-to-Date ▼	7
	Primary General	111	050.00	1
	Other (specify)		250.00	1
	LIPTOTAL of Possints This Poss (anticas)			1000.00
\vdash	UBTOTAL of Receipts This Page (optional)			
_	OTAL This Period (last page this line number o	nlv)	ı	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 7 / 22 (check only one) X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
Ar or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	American Podiatric Medical Assn., Inc.	Podiatry P	olitical Action Committee	
Full Name (Last, First, Middle Initial) A. Dr. David C. Novicki				Date of Receipt
	Mailing Address 403 Northwood Dr.			12 01 2006
	City	State	Zip Code	Transaction ID: 13444611
	Orange	CT	06477-1051	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Milford Podiatry Associat- es	Occupation Podiatric	n Physician	
	Receipt For:		Year-to-Date ▼	
	Primary General		250.00	1
	Other (specify) ▼	0 0	200.00	
— В.	Full Name (Last, First, Middle Initial) Dr. Joshua Gerbert			Date of Receipt
	Mailing Address 16 Fairview			12 01 2006
	City	State	Zip Code	Transaction ID: 13444612
	Corte Madera	CA	94925-1639	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation Podiatric	n Physician	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		250.00	1
	Other (specify)	0 0		
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Gregory A. Worley			Date of Receipt
	Mailing Address 694 Chambers Rd.			12 01 2006
	City	State	Zip Code	Transaction ID: 13444622
	Walton	KY	41094-9505	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		300.00
	Name of Employer Northern KY Foot Speciali-	Occupation		
	sts		Physician	_
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	1
	Other (specify)	0 0	300.00	
s	UBTOTAL of Receipts This Page (optional)			800.00

SCHEDULE A (FEC Form 3X)

PAGE 8/22 FOR LINE NUMBER: Use separate schedule(s) (check only one) or each category of the ITEMIZED RECEIPTS 11a 11b 11c **Detailed Summary Page** 13 l 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Podiatric Medical Assn., Inc. Podiatry Political Action Committee Full Name (Last, First, Middle Initial) Date of Receipt A. Dr. David S. Tarr Mailing Address 11 Jefferson Rd. 12 2006 01 City State Zip Code Transaction ID: 13456098 Westford MA 01886-3803 Amount of Each Receipt this Period FEC ID number of contributing 300.00 C federal political committee. Name of Employer Self-Employed Occupation Podiatric Physician Aggregate Year-to-Date ▼ Receipt For: Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Richard Skrip Date of Receipt Mailing Address 551 Beechwood Dr. 8 0 2006 City State Zip Code Transaction ID: 13506493 London KY 40744-8498 Amount of Each Receipt this Period FEC ID number of contributing C 300.00 federal political committee. Name of Employer Laurel Medical Center Occupation Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) C. Dr. Rock G. Positano Date of Receipt Mailing Address 535 E. 70th St. 2006 12 05 Citv State Zip Code Transaction ID: 13506546 New York NY 10021-4898 Amount of Each Receipt this Period FEC ID number of contributing 1500.00 C federal political committee. Name of Employer Hospital for Special Surg-Occupation Podiatric Physician ery Réceipt For: Aggregate Year-to-Date ▼ Primary General 1500.00 Other (specify) 2100.00 SUBTOTAL of Receipts This Page (optional)

_	COLLEDIN E A /EEO E a veza OV)			FOR LINE NUMBER: PAGE 9 / 22		
5	CHEDULE A (FEC Form 3X)	Use separate schedule(s)		(check only one)		
IT	EMIZED RECEIPTS	or each category of the		X 11a 11b 11c 12		
			Detailed Summary Page	13 14 15 16 17		
		-1				
or	ny information copied from such Reports and St for commercial purposes, other than using the	atements may name and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions oscilicit contributions from such committee.		
\setminus	NAME OF COMMITTEE (In Full)					
\rangle	American Podiatric Medical Assn., Inc.	Podiatry P	Political Action Committee			
Α.	Full Name (Last, First, Middle Initial) Dr. William T. Beasley			Date of Receipt		
	Mailing Address 1317 Leighton Cir.	12 07 2006				
	City	State	Zip Code	Transaction ID: 13509168		
	Louisville	KY	40222-5666	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		250.00		
	Name of Employer Self-Employed	Occupation Podiatric	n Physician	7		
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General		050,00	7		
	Other (specify)		250.00			
В.	Full Name (Last, First, Middle Initial) Dr. Elliott S. Lampert			Date of Receipt		
	Mailing Address 1581 Brickell Ave. #702	M M / D D / Y Y Y Y				
				12 08 2006		
	City	State	Zip Code	Transaction ID: 13515124		
	<u>Miami</u>	FL	33129-1234	Amount of Each Receipt this Period		
	FEC ID number of contributing			250.00		
	federal political committee.	C		250.00		
	Name of Familian	10	_	_		
	Name of Employer Self-Employed	Occupation				
	Barata Fan		Physician	_		
	Receipt For:	Aggregate	e Year-to-Date ▼	_		
	Primary General		250.00	11		
	Other (specify)	0 0		1		
_	Full Name (Last, First, Middle Initial)					
Ċ.	Dr. Stephen M. Geller			Date of Receipt		
	Mailing Address 1739 W. Laurie Ln.			12 12 2006		
	City	State	Zip Code	Transaction ID: 13517865		
	Phoenix	ΑZ	85021-5258	Amount of Each Receipt this Period		
	FEC ID number of contributing					
	federal political committee.	C		300.00		
	Name of Employer Self-Employed	Occupation				
			Physician			
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General		300.00	11		
	Other (specify)		500.00	1		
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1				202.05		
s	UBTOTAL of Receipts This Page (optional)			800.00		
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S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 10 / 22		
	·		Use separate schedule(s) or each category of the	(check only one)		
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12		
				13 14 15 16 17		
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions		
or	for commercial purposes, other than using the n	ame and add	lress of any political committee to	solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full)					
	American Podiatric Medical Assn., Inc.	Podiatry P	olitical Action Committee			
Α.	Full Name (Last, First, Middle Initial) Dr. Robert C. Stevens			Date of Receipt		
	Mailing Address 1760 Brush College Rd.	N.W.		12 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: 13522882		
	Salem	OR	97304-1410	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		250.00		
	Name of Employer Willamette Foot Center	Occupation Podiatric	n Physician	7		
	Receipt For:	-	Year-to-Date ▼			
	Primary General	00 0		1		
	Other (specify) ▼		250.00			
— В.	Full Name (Last, First, Middle Initial) Dr. Rachel L. Stern			Date of Receipt		
	Mailing Address 1145 Ryder Rd.			M M / D D / Y Y Y Y		
	That is a second of the second			12 17 2006		
	City	State	Zip Code	Transaction ID: 13522884		
	Chesterton	IN	46304-3453	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		150.00		
	Name of Employer Self-Employed	Occupation	n Physician			
	Receipt For:		Year-to-Date ▼			
	Primary General	7.99.094.0	Total to Bate V	1		
	Other (specify) ▼	0 0	300.00			
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Odin de los Reyes			Date of Receipt		
	Mailing Address 22 Wedge Dr.			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: 13522886		
	Meriden	CT	06450-6966	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		100.00		
	Name of Employer	Oggingti-				
	Name of Employer Self-Employed	Occupation Podiatric	n Physician			
	Receipt For:	1	Year-to-Date ▼	_		
	Primary General	33. 394.0		1		
	Other (specify) ▼		450.00			
_						
				500.00		
S	UBTOTAL of Receipts This Page (optional)			500.00		

C	COLIEDIU E A (EEO Eormo OV)			FOR LINE NUMBER: PAGE 11 / 22		
	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)		
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			Detailed Summary Page	13 14 15 16 17		
Δ	ny information copied from such Reports and Sta	atomonte may	, not be cold or used by any pers			
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	o solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full)					
$ \rangle$	American Podiatric Medical Assn., Inc.	Podiatry P	Political Action Committee			
	7 intorroam Foundation Modelod Frooting Into-	. outury .				
_	Full Name (Last, First, Middle Initial)					
A.	Dr. Richard J. Miller			Date of Receipt		
	Mailing Address 2408 Houston Branch F	₹d.		M M / D D / Y Y Y Y		
		<u> </u>		12 15 2006		
	City	State	Zip Code	Transaction ID: 13525828		
	Charlotte	NC	28270-0777	Amount of Each Receipt this Period		
	FEC ID number of contributing	С		300.00		
	federal political committee.	0				
	Name of Employer	Occupation	n	\neg		
	Name of Employer Carmel Foot Specialists		Physician			
	Receipt For:		e Year-to-Date ▼			
	Primary General	00 0		7		
	Other (specify) ▼		300.00			
				-		
	Full Name (Last, First, Middle Initial)					
В.	Dr. Patricia Eileen Cain			Date of Receipt		
	Mailing Address 1414 S.E. Oak St.	M M / D D / Y Y Y Y Y				
	011	01-1-	7'- 0-4-	12 19 2006		
	City	State	Zip Code	Transaction ID: 13528364		
	Portland	OR	97214-1430	Amount of Each Receipt this Period		
	FEC ID number of contributing	С		150.00		
	federal political committee.					
	Name of Employer Oregon City Foot Clinic	Occupation	n	7		
	Oregon City Foot Clinic	Podiatric	Physician			
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General		050.00	7		
	Other (specify) ▼	0 0	250.00			
_	Full Name (Last, First, Middle Initial) Dr. John E. Castle			Date of Receipt		
U.	Mailing Address 2893 Elk Ln.		M M / D D / Y Y Y Y			
	Walling Address 2093 EIK LII.			12 19 2006		
	City	State	Zip Code	Transaction ID: 13528365		
	Grants Pass	OR	97527-7126	Amount of Each Receipt this Period		
	FEC ID number of contributing					
	federal political committee.	C		250.00		
				_		
	Name of Employer Self-Employed	Occupation				
			Physician	_		
	Receipt For:	Aggregate	e Year-to-Date ▼	_		
	Primary General Other (specify) ▼		250.00			
	☐ Other (specify) ♥	0 0	1 1 1 1 1 1 1	1		
_	IIDTOTAL of December This December 1			700.00		
L	UBTOTAL of Receipts This Page (optional)					
1				1		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 12 / 22		
	EMIZED RECEIPTS		(check only one)			
• • • • • • • • • • • • • • • • • • • •	EWIZED RECEIP 13		or each category of the Detailed Summary Page	X 11a 11b 11c 12		
				13 14 15 16 17		
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and add	y not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions oscilicit contributions from such committee.		
	NAME OF COMMITTEE (In Full)					
\angle	American Podiatric Medical Assn., Inc.	Podiatry F	Political Action Committee			
A.	Full Name (Last, First, Middle Initial) Dr. Manny Moy	Date of Receipt				
	Mailing Address 1404 Boca Raton Dr.	12 19 2006				
	City	State	Zip Code	Transaction ID: 13528368		
	Lake Oswego	OR	97034-1618	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		125.00		
	Name of Employer Pacific Foot & Ankle Clin- ic	Occupation Podiatric	n Physician			
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General	' '	275.00	1		
	Other (specify)		273.00			
В.	Full Name (Last, First, Middle Initial) Dr. Elliot N. Michael			Date of Receipt		
	Mailing Address Hillsboro Foot Clinic 862 S.E. Oak St.			12 20 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: 13529084		
	Hillsboro	OR	97123-4240	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		250.00		
	Name of Employer Hillsboro Foot Clinic	Occupation Podiatric	n Physician			
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General	-	250.00	1		
	Other (specify) ▼		250.00			
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Thomas S. Godfryd			Date of Receipt		
	Mailing Address 4988 Heather Point			12 21 YYYY 12 21 2006		
	City	State	Zip Code	Transaction ID: 13529426		
	Birmingham	AL	35242-3950	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.			25.00		
	Name of Employer Birmingham Podiatry	Occupation	n Physician			
	Receipt For:		e Year-to-Date ▼	\dashv		
	Primary General	, iggi ogaic		1		
	Other (specify) ▼	0 0	1025.00			
				400.00		
S	UBTOTAL of Receipts This Page (optional)			700.00		

S	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 13 / 22		
	EMIZED RECEIPTS		or each category of the	(check only one)		
••	LIMIZED HEOLII 13		Detailed Summary Page	X 11a 11b 11c 12 15 16 17		
Aı	ny information copied from such Reports and Statem	ents may	not be sold or used by any perso	on for the purpose of soliciting contributions		
or	for commercial purposes, other than using the name	e and add	dress of any political committee to	solicit contributions from such committee.		
\setminus	NAME OF COMMITTEE (In Full)					
\angle	American Podiatric Medical Assn., Inc. Po	diatry P	olitical Action Committee			
Α.	Full Name (Last, First, Middle Initial) Dr. Harvey D. Lederman			Date of Receipt		
Λ.	Mailing Address 12 Biltmore Park			M M / D D / Y Y Y Y		
				12 21 2006		
	•	State	Zip Code	Transaction ID: 13529435		
		CT	06002-2141	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		50.00		
	W Hartford Dodiatry Acco	ccupation				
	ciates		Physician Year-to-Date ▼	_		
	Receipt For: A Primary General	rggregate	rear-to-Date V	1		
	Other (specify) ▼	0 0	1050.00			
— В.	Full Name (Last, First, Middle Initial) Dr. David E. Biss			Date of Receipt		
	Mailing Address 27 Reserve PI.			12 21 2006		
	City	State	Zip Code	Transaction ID: 13529516		
	Concord	NH	03301-7922	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		500.00		
	Solf Employed	ccupation		7		
			Physician Year-to-Date ▼	_		
	Primary General	iggi ogalo		1		
	Other (specify) ▼	0 0	500.00			
<u>с.</u>	Full Name (Last, First, Middle Initial) Dr. Michael K. Block			Date of Receipt		
	Mailing Address 335 Chestnut Hill Rd. #A			1 2 2 8 2 0 0 6		
	City	State	Zip Code	Transaction ID: 13541237		
	Forest Hill	MD	21050-1507	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		250.00		
	Solf Employed	ccupatior odiatric	n Physician			
	· · · · · · · · · · · · · · · · · · ·		Year-to-Date ▼			
	Primary General	-	250.00	1		
	Other (specify)		250.00			
s	SUBTOTAL of Receipts This Page (optional)			800.00		
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T	OTAL This Period (last page this line number only))			

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П	EMIZED RECEIPTS	Detailed Summary Page		X 11a 11b 11c 12		
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Ar	y information copied from such Reports and St for commercial purposes, other than using the	atements may	not be sold or used by any person	on for the purpose of soliciting contributions		
or		name and add	dress of any political committee to	solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full)					
	American Podiatric Medical Assn., Inc.	Podiatry P	olitical Action Committee			
A.	Full Name (Last, First, Middle Initial) Dr. John W. Jacobson			Date of Receipt		
	Mailing Address 14771 N. 87th Ln.			12 31 7 2006		
	City	State	Zip Code	Transaction ID: 13545810		
	Peoria	AZ	85381-2795	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		250.00		
	Name of Employer Self-Employed	Occupation Podiatric	n Physician			
	Receipt For:		Year-to-Date ▼			
	Primary General	00 0		1		
	Other (specify) ▼		250.00			
В.	Full Name (Last, First, Middle Initial) Dr. Gene J. Caicco			Date of Receipt		
	Mailing Address 55611 Pontiac Trl.			M M / D D / Y Y Y Y		
	0"		7' 0 1	12 31 2006		
	City	State	Zip Code	Transaction ID: 13545812		
	New Hudson	MI	48165-9394	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		250.00		
	rederal political committee.					
	Name of Employer Self-Employed	Occupation				
		_	Physician			
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General Other (specify) ▼		250.00			
	Other (specify)	1 1				
— С.	Full Name (Last, First, Middle Initial) Dr. Michael S. Schey			Date of Receipt		
	Mailing Address 2922 Woodland Ridge			M M / D D / Y Y Y Y		
				12 27 2006		
	City	State	Zip Code	Transaction ID: 13549559		
	West Bloomfield	MI	48323-3560	Amount of Each Receipt this Period		
	FEC ID number of contributing			250.00		
	federal political committee.					
	Name of Employer Lakeside Podiatrists	Occupation Podiatric	n Physician			
	Receipt For:		Year-to-Date ▼			
	Primary General		050.00	1		
	Other (specify)		250.00			
				750.00		
s	UBTOTAL of Receipts This Page (optional)			750.00		
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S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 15 / 22						
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or	ny information copied from such Reports and S for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.						
\setminus	NAME OF COMMITTEE (In Full)									
	American Podiatric Medical Assn., Inc.	. Podiatry P	olitical Action Committee	_						
A.	Full Name (Last, First, Middle Initial) Dr. David S. Jenson			Date of Receipt						
	Mailing Address 2611 Old Oak Ln.	Ctoto	7in Codo	12 31 2006						
	City Kingwood	State TX	Zip Code 77339-1078	Transaction ID: 13549925						
			77339-1076	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		300.00						
	Name of Employer Self-Employed	Occupation Podiatric	n Physician							
	Receipt For:	Aggregate	Year-to-Date ▼							
	Primary General		300.00							
	Other (specify) ▼	0 0								
В.	Full Name (Last, First, Middle Initial) Dr. Don Jesse Gilbert			Date of Receipt						
	Mailing Address 74 Valleyview Dr.			12 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
	City	State	Zip Code	Transaction ID: 13550204						
	Pocatello	ID	83204-4715	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		250.00						
	Name of Employer Self-Employed	Occupation		7						
			Physician							
	Receipt For:	Aggregate	Year-to-Date ▼							
	Primary General Other (specify) ▼		250.00							
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Michael Haughey			Date of Receipt						
	Mailing Address 637 E. Matthews			1 2 3 1 2 0 0 6	1					
	City	State	Zip Code	Transaction ID: 13555159						
	Jonesboro	AR	72401-3145	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		300.00						
	Name of Employer The Podiatry Group	Occupation Podiatris								
	Receipt For:	Aggregate	Year-to-Date ▼							
	Primary General		200.00							
	Other (specify) ▼	0 0	300.00							
s	UBTOTAL of Receipts This Page (optional)	850.00								
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S	CHEDULE A (FEC Form 3X)		Llee concrete achedule(s)	FOR LINE NUMBER: PAGE 16 / 22						
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or	y information copied from such Reports and St for commercial purposes, other than using the	atements may name and add	not be sold or used by any perse dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.						
\setminus	NAME OF COMMITTEE (In Full)									
	American Podiatric Medical Assn., Inc.	Podiatry P	olitical Action Committee							
A.	Full Name (Last, First, Middle Initial) Dr. William G. Coates, Jr.			Date of Receipt						
	Mailing Address 407 Ridge Rd.			12 31 2006						
	City	State	Zip Code	Transaction ID: 13558302						
	Pocahontas	AR	72455-1405	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		250.00						
	Name of Employer The Foot Doctors	Occupation Podiatric	n Physician							
	Receipt For:		Year-to-Date ▼							
	Primary General		250.00	7						
	Other (specify)	0 0	250.00							
В.	Full Name (Last, First, Middle Initial) Dr. Michael K. Y. Chun			Date of Receipt						
	Mailing Address Kapiolani Med. Ctr. At 98-1079 Moanalua Rd.			12 31 2006						
	City	State	Zip Code	Transaction ID: 13558464						
	Aiea	HI	96701-3938	Amount of Each Receipt this Period						
	Alea FEC ID number of contributing federal political committee.	C	96701-3938	Amount of Each Receipt this Period 500.00						
	FEC ID number of contributing federal political committee. Name of Employer	C								
	FEC ID number of contributing federal political committee. Name of Employer Kapiolani Med. Ctr. At Pali Momi	Occupation Podiatric	n Physician							
	FEC ID number of contributing federal political committee. Name of Employer Kapiolani Med. Ctr. At Pali Momi Receipt For:	Occupation Podiatric								
	FEC ID number of contributing federal political committee. Name of Employer Kapiolani Med. Ctr. At Pali Momi	Occupation Podiatric	n Physician							
	FEC ID number of contributing federal political committee. Name of Employer Kapiolani Med. Ctr. At Pali Momi Receipt For: Primary General	Occupation Podiatric	n Physician Year-to-Date ▼							
	FEC ID number of contributing federal political committee. Name of Employer Kapiolani Med. Ctr. At Pali Momi Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial)	Occupation Podiatric	n Physician Year-to-Date ▼	500.00						
c.	FEC ID number of contributing federal political committee. Name of Employer Kapiolani Med. Ctr. At Pali Momi Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Dr. Alan W. Hopson Mailing Address 5401 Royal Mile Blvd. City	Occupation Podiatric Aggregate	n Physician Year-to-Date ▼	Date of Receipt						
C.	FEC ID number of contributing federal political committee. Name of Employer Kapiolani Med. Ctr. At Pali Momi Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Dr. Alan W. Hopson Mailing Address 5401 Royal Mile Blvd.	Occupation Podiatric Aggregate	Physician Year-to-Date ▼ 500.00	Date of Receipt 1 2 3 1 2 0 0 6						
c.	FEC ID number of contributing federal political committee. Name of Employer Kapiolani Med. Ctr. At Pali Momi Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Dr. Alan W. Hopson Mailing Address 5401 Royal Mile Blvd. City	Occupation Podiatric Aggregate	Physician Year-to-Date ▼ 500.00 Zip Code	Date of Receipt M M D D Y Y Y Y Y Y Y Y						
C.	FEC ID number of contributing federal political committee. Name of Employer Kapiolani Med. Ctr. At Pali Momi Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Alan W. Hopson Mailing Address 5401 Royal Mile Blvd. City Salisbury FEC ID number of contributing	C Occupation Podiatric Aggregate MD C Occupation	Physician Year-to-Date ▼ 500.00 Zip Code 21801-2322	Date of Receipt M M M						
c.	FEC ID number of contributing federal political committee. Name of Employer Kapiolani Med. Ctr. At Pali Momi Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Alan W. Hopson Mailing Address 5401 Royal Mile Blvd. City Salisbury FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For:	C Occupation Podiatric Aggregate State MD C Occupation Podiatric	Physician Year-to-Date ▼ 500.00 Zip Code 21801-2322	Date of Receipt M M M						
c.	FEC ID number of contributing federal political committee. Name of Employer Kapiolani Med. Ctr. At Pali Momi Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Alan W. Hopson Mailing Address 5401 Royal Mile Blvd. City Salisbury FEC ID number of contributing federal political committee. Name of Employer Self-Employed	C Occupation Podiatric Aggregate State MD C Occupation Podiatric	Physician Year-to-Date ▼ 500.00 Zip Code 21801-2322	Date of Receipt M M						
 c.	FEC ID number of contributing federal political committee. Name of Employer Kapiolani Med. Ctr. At Pali Momi Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Alan W. Hopson Mailing Address 5401 Royal Mile Blvd. City Salisbury FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General	C Occupation Podiatric Aggregate State MD C Occupation Podiatric	Physician Year-to-Date ▼ 500.00 Zip Code 21801-2322 Physician Year-to-Date ▼	Date of Receipt M M M						
	FEC ID number of contributing federal political committee. Name of Employer Kapiolani Med. Ctr. At Pali Momi Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Alan W. Hopson Mailing Address 5401 Royal Mile Blvd. City Salisbury FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General	C Occupation Podiatric Aggregate MD C Occupation Podiatric Aggregate	Physician Year-to-Date ▼ 500.00 Zip Code 21801-2322 Physician Year-to-Date ▼ 400.00	Date of Receipt M M						

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: PAGE 17/22 Use separate schedule(s) (check only one) or each category of the 11a 11b 11c Detailed Summary Page 13 14 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Podiatric Medical Assn., Inc. Podiatry Political Action Committee Full Name (Last, First, Middle Initial) A. Dr. Todd A. Muhly Date of Receipt Mailing Address 1565 N.W. Woodland Dr. 12 31 2006 City State Zip Code Transaction ID: 13558478 Corvallis OR 97330-1059 Amount of Each Receipt this Period FEC ID number of contributing C 125.00 federal political committee. Name of Employer McKenzie River Foot Clini-c, L.L.C. Occupation Podiatric Physician Aggregate Year-to-Date ▼ Receipt For: Primary General 475.00 Other (specify)

SUBTOTAL of Receipts This Page (optional)	•	125.00
TOTAL This Period (last page this line number only)	•	9775.00

SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	(check only one)
ITEMIZED RECEIPTS	or each category of the	
	Detailed Summary Page	11a 11b 11c 12 13 14 15 16 X 17
Any information copied from such Reports and Statemer or for commercial purposes, other than using the name a	ts may not be sold or used by any persor nd address of any political committee to	n for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)		
American Podiatric Medical Assn., Inc. Podi	atry Political Action Committee	
Full Name (Last, First, Middle Initial) A. Citigroup/ Citigroup Global Markets Inc.		Date of Receipt
Mailing Address 100 Light St., 19th Floor		11
City St Baltimore M	ate Zip Code D 21202-1036	Transaction ID: 13522800
FEC ID number of contributing federal political committee.	21202-1050	Amount of Each Receipt this Period 210.02
Citigroup Global Markets	upation estment Firm	
Receipt For: Primary General Other (specify) ▼	regate Year-to-Date ▼ 2162.06	Interest Income
Full Name (Last, First, Middle Initial) 3. Citigroup/ Citigroup Global Markets Inc.		Date of Receipt
Mailing Address 100 Light St., 19th Floor	ate Zip Code	1 2
City St Baltimore M	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	Transaction ID: 13645434 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	1 1 1 1 1 1	855.14
Citiaroup Clobal Markata	upation estment Firm	
	regate Year-to-Date ▼	
Primary General Other (specify) ▼	3017.20	Interest Income
Full Name (Last, First, Middle Initial) APMA Government Education Fund		Date of Receipt
Mailing Address 9312 Old Georgetown Road		12 12 2006
•	ate Zip Code	Transaction ID: 13645440
Bethesda M	D 20814	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		857.05
	upation	
Receipt For: Agg	regate Year-to-Date ▼	Tanks Endo () Endout
Other (specify) ▼	17515.54	Transfer Funds for Federal Operating Expenses
SUBTOTAL of Receipts This Page (optional)	·····	1922.21
TOTAL This Period (last page this line number only)	>	1922.21

SCHEDULE B (FEC Form 3X)

	SCHEDULE B (FEC Form 3X)		Use seperate schedule(s) for each category of the		FOR LINE (check only	NE NUMBER: PAGE 19 / 22 only one)						22
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	y Information copied from such Reports and Statem for commercial purposes, other than using the name											
\setminus	NAME OF COMMITTEE (In Full)											
	American Podiatric Medical Assn., Inc. Po	diatry Pol	itical Action Co	mr	nittee							
Α.	Full Name (Last, First, Middle Initial) Citigroup/ Citigroup Global Markets Inc.					Trans Date o		-		522801 nt		
	Mailing Address 100 Light St., 19th Floor					1 1	М	/ D;	3 0	/ Y	ž 0 ŏ (6 ^Y
		State MD	Zip Code 21202-1036			Amou	int o	f Each	n Disl	bursem	ent this	
	Purpose of Disbursement Interest Expense			Γ	001		_				427.	28
	Candidate Name			С	ategory/ Type							
	Senate President	ment For: Primary Other (spe	General ecify) ▼			Intere	st E	Exper	nse			
	State: District: Full Name (Last, First, Middle Initial)					Trans		an ID	. 10/	245444		
В.	Wachovia Bank, N.A.					Date o			_	645441 nt		Y
	Mailing Address NC8502 PO Box 563966						111 30 / Y 2006 Y					
	,	State NC	Zip Code 28262-3966			Amou	int o	f Each	n Disl	bursem	ent this	
	Purpose of Disbursement Bank Fees Candidate Name			C	001 ategory/ Type	L.			•		857.	05
	Office Sought: House Disburse Senate President State: District:	ment For: Primary Other (spe	General ♥		Турс	Bank	Fee	es				
C.	Full Name (Last, First, Middle Initial) Citigroup/ Citigroup Global Markets Inc.					Trans				645435 nt	;	
	Mailing Address 100 Light St., 19th Floor					1 ^M 2	М	/ D	3 1	/ Y	ž 0 ŏ (6 ^Y
		State MD	Zip Code 21202-1036			Amou	int o	f Each	n Disl	bursem	ent this	
	Purpose of Disbursement Interest Expense				001		_	-			370.	55
	Candidate Name				ategory/ Type							
	Office Sought: Senate President State: Disburse Disburse	ment For: Primary Other (spe	General ▼			Intere	st E	Exper	nse			
S	UBTOTAL of Disbursements This Page (optional) .					Ĭ	•				1654.	88
	OTAL This Period (last page this line number only)				·····		•	-		-		-

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5(CHEDULE B (FEC Form 3X)	Use seperate schedule(s)		NUMBER: PAGE 20 / 22
IT	EMIZED DISBURSEMENTS	for each category of the	(check onl	y one)
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			27	28a 28b 28c 29 30b
	y Information copied from such Reports and Staten for commercial purposes, other than using the nam	,		, ,
<u> </u>	NAME OF COMMITTEE (In Full)	· · · · · · · · · · · · · · · · · · ·		
\rangle	American Podiatric Medical Assn., Inc. Po	odiatry Political Action Com	mittee	
	Full Name (Last, First, Middle Initial)			Transaction ID: 13645442
۹.	Wachovia Bank, N.A.			Date of Disbursement
				12 31 2 006
	Mailing Address NC8502 PO Box 563966			12 31 2006
	City	State Zip Code		Amount of Each Disbursement this Period
	Charlotte	NC 28262-3966		
	Purpose of Disbursement	Г		855.14
	Bank Fees		001	
	Candidate Name		Category/ Type	
	Office Sought: House Disburse	ement For:	Турс	
	Senate Disbuise	Primary General		Bank Fees
	President	Other (specify)		
	State: District:	Carior (opcons)		

SUBTOTAL of Disbursements This Page (optional)	•	855.14
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SCHEDULE B (FEC Form 3X)

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	y Information copied from such Reports and State													ıs
or	for commercial purposes, other than using the na NAME OF COMMITTEE (In Full)	me and address	or any political	com	ırrı	ittee	O SOIIC	cit contr	ributi	ions ir	om st	ich con	ımıttee	
$ \rangle$	American Podiatric Medical Assn., Inc. 1	Podiatry Politic	cal Action Co	omm	nit	tee								
\mathbb{Z}	Full Name (Last First Middle Initial)													
Α.	Full Name (Last, First, Middle Initial) Heather Wilson For Congress							Date		isburs	emen			V
	Mailing Address P.O. Box 14070 P.O. Box 14070							1 ^M 2	IVI	′) 4	′	ž 0 ŏ	6
	City Albuquerque		Zip Code 87191					Amou	int o	f Each	Disb	urseme		
	Purpose of Disbursement Recount Fund				Ò.	11			_	•			1000.	00
	Candidate Name Rep. Heather A. Wilson					gory/ pe								
	Senate President	sement For: Primary X Other (specif General Electi						Reco	unt	Fund				
_	Full Name (Last, First, Middle Initial)	General Electi	10					T		ID	101	70000		
В.	Friends Of Charlie Wilson							Date		on ID: isburs	_			Y
	Mailing Address 7 Cadiz Pike							1 2			4		žοŏ	6
	City Bridgeport		Zip Code 43912					Amou	int o	f Each	Disb	urseme		
	Purpose of Disbursement Debt Retirement				0	11	7	L.					1000.	00
	Candidate Name Mr. Charles Wilson					gory/ pe								
	9 1	sement For: X Primary Other (specif	2006 General y) ▼					Debt	Reti	ireme	ent			
	State: OH District: 6													
C.	Full Name (Last, First, Middle Initial) Committee For A Democratic Majority							Date	of D	isburs	emen			
	Mailing Address 301 4th St. NE Suite 202							1 ^M 2	М	′	6	/ V	ž 0 ŏ	3 Y
	City Washington	State Z	Zip Code 20002					Amou	int o	f Each	Disb	urseme		
	Purpose of Disbursement				_		7						1000.	00
	Candidate Name			Ca		gory/ pe	-							
	Office Sought: House Disbur Senate President State: District:	sement For: Primary Other (specif	General y) ▼											
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	y Information copied from such Reports and for commercial purposes, other than using t			
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
	American Podiatric Medical Assn., I	nc. Podiatry Political Action Cor	nmittee	
	Full Name (Last, First, Middle Initial)			Transaction ID: 13492678
۹.	America Works Committee			Date of Disbursement
	Mailing Address Suite 800 607 14th St., NW			1 2 M / D 0 6 / Y 2 0 0 6 Y
	City	State Zip Code		Amount of Each Disbursement this Period
	Washington	DC 20005		0500.00
	Purpose of Disbursement		011	2500.00
	Candidate Name		Category/ Type	
	Office Sought: House	Disbursement For:		
	Senate	Primary General		
	President	Other (specify)		
	State: District:			İ

		2500.00
SUBTOTAL of Disbursements This Page (optional)	>	2500.00
TOTAL This Period (last page this line number only)	•	 5500.00